



North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse Services
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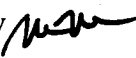
Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Michael Moseley, Director

December 2, 2005

MEMORANDUM

TO: LME Directors

FROM: Mike Moseley 

RE: **TIME SENSITIVE Request for Information on Individuals Receiving CBS –
DUE December 22, 2005**

The Divisions of MH/DD/SAS and Medical Assistance have been working diligently to secure approval of the State Plan Amendment (SPA) for the Enhanced Services definitions from the Centers for Medicaid and Medicare Services (CMS). As you may know, CMS has stated the requirement that the current service known as CBS must be removed from the Medicaid State Plan upon approval of the new definitions. For individuals with mental illness and substance abuse disorders, CBS will be replaced by Community Support. We designed another proposed new service, called Developmental Therapies, to replace CBS for individuals with developmental disabilities. We have recently, however, been informed by CMS that they will not approve Developmental Therapies as a Medicaid Rehabilitation Option service.

The CMS position is that Developmental Therapies - or any similar service primarily designed for persons with developmental disabilities – is habilitative in nature, not rehabilitative. [Note: Targeted Case Management is not a Rehabilitation Option service and is, therefore, not subject to this decision.] We have checked with other states and with the National Association of State Directors of Developmental Disabilities Services (NASDDDS) and have learned that this has been CMS' position throughout the country and, more importantly, that it has been consistently upheld upon appeal.

We realize how important CBS services are for many individuals with developmental disabilities and are committed to identifying alternatives to this problem. In an effort to do so, we have met with key stakeholders to discuss the impact of this decision and to begin the process of designing solutions. In order to finalize our options, we have determined that additional client specific information is needed to propose how best to serve those individuals impacted.

The Division has identified individuals who have received CBS since June 2004 where the claim was billed under your LME provider number and a diagnosis on the claim indicated that the individual had developmental disabilities (DD). We have produced a file with the following information:

	field	position	comment
1	LME code	1-3	E.g., 101= Smoky, 102=Western Highlands ...
2	Client list ID	5-9	Use this to send back data without PHI
3	Client base MID	11-20	Base Medicaid ID
4	Client last name	22-34	
5	Client first name	36-45	
6	Client Date of Birth	47-54	As CCYYMMDD



You should download this file using the same FTP protocol as you use to download the monthly CAPMR paid claims file. The file name is DHR.CAP.PDCLAIMS.AP####.CBS01, where #### is your LME code. If your initial remote directory is 'DHR.CAP.PDCLAIMS.AP####.', then the file name in the remote site will appear as CBS01. Be sure to download the file in ASCII.

For each of the individuals on your list, please respond to the following questions:

- 1) The individual is receiving CBS primarily to address:
 - a) needs related to a developmental disability
 - b) needs related to mental health/substance abuse
- 2) Is the individual receiving CBS in a school setting?
- 3) Does the individual live at home with their family or legally responsible person?
- 4) If the individual is living independently with supports (i.e. one person apartment) or in a licensed residential setting, in your opinion, is the CBS service crucial to maintaining their residential placement?
- 5) Based on current assessment information you have on the individual, in your opinion, does the individual meet the ICF-MR level of care?

Please create an EXCEL workbook with your responses and send it electronically to Adam Holtzman at adam.holtzman@ncmail.net. The workbook should have the following 7 columns:

	column	Response set	comment
1	LME code		As provided by Division
2	Client list ID		As provided by Division
3	Q1 answer	(A,B)	A if primary DD, B if primary MH/SA. (Choose only one!)
4	Q2 answer	(Y,N)	Y if yes, N if no.
5	Q3 answer	(Y,N)	Y if yes, N if no.
6	Q4 answer	(Y,N)	Y if yes, N if no. (If Q3=Y then answer N for Q4)
7	Q5 answer	(Y,N)	Y if yes, N if no.

Do not include the client name, MID or DOB in your response so as not to send PHI. The client list ID will allow the Division to associate your responses to individuals.

Please do not hesitate to contact Adam Holtzman at adam.holtzman@ncmail (919) 715-7774 or Vivian Leon at vivian.leon@ncmail.net (919) 715-2774 with any questions you may have.

I am confident you can understand the need for a timely response to this request for information. I am requesting that Adam receive the information no later than the end of the business day on Thursday, December 22, 2005. Once we have had time to compile and briefly analyze the data, we will be in touch with you to solicit your input on our proposed approaches to meeting the needs of these individuals.

cc: Secretary Carmen Hooker Odom
 Allen Dobson, M.D.
 Executive Leadership Team
 Management Leadership Team
 State Facility Directors
 Kory Goldsmith
 Carol Duncan Clayton
 Patrice Roesler
 Chair, State CFAC
 Chair, Coalition 2001
 Chair, Commission on MH/DD/SAS

